

<i>SERFF Tracking Number:</i>	<i>PNMC-125770196</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pennsylvania National Mutual Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i># \$0</i>
<i>Company Tracking Number:</i>	<i>KAY-08-023FO</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Prop 2008FoDelay</i>		
<i>Project Name/Number:</i>	<i>KAY-08-023FO/KAY-08-023FO</i>		

## Filing at a Glance

Company: Pennsylvania National Mutual Casualty Insurance Company

Product Name: Prop 2008FoDelay

SERFF Tr Num: PNMC-125770196 State: Arkansas

TOI: 01.0 Property

SERFF Status: Closed

State Tr Num: # \$0

Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Co Tr Num: KAY-08-023FO

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins

Author: Denise King

Disposition Date: 08/12/2008

Date Submitted: 08/12/2008

Disposition Status: Approved

Effective Date Requested (New):

Effective Date (New): 11/01/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: KAY-08-023FO

Status of Filing in Domicile: Pending

Project Number: KAY-08-023FO

Domicile Status Comments:

Reference Organization: ISO

Reference Number: CF-2007-OFR07

Reference Title: Commercial Property Coverage Part Multistate

Advisory Org. Circular: CF-2008-059

Revision of Forms to be Implemented

Filing Status Changed: 08/12/2008

State Status Changed: 08/12/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Commercial Property Coverage Part Multistate Revision of Forms to be Implemented

### PURPOSE:

Our Company is postponing for an indefinite period the adoption of the above referenced revision filed by the Insurance

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<i>Company Tracking Number:</i>	<i>KAY-08-023FO</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Prop 2008FoDelay</i>		
<i>Project Name/Number:</i>	<i>KAY-08-023FO/KAY-08-023FO</i>		

Services Office to be applicable to all policies effective on and after November 1, 2008.

Our purpose in delaying the implementation of this revision is to provide us with the opportunity to further assess our position in this matter.

#### PROPOSAL:

As soon as we have completed our market analysis, we will contact your Department and will make whatever filing is necessary to implement our Company's procedure.

Your prompt and favorable approval is appreciated.

## Company and Contact

#### Filing Contact Information

Denise King, Senior Underwriting Technician	dlking@pnat.com
2 N. Second St.	(717) 234-4941 [Phone]
Harrisburg, PA 17105-2361	(717) 255-6327[FAX]

#### Filing Company Information

Pennsylvania National Mutual Casualty Insurance Company	CoCode: 14990	State of Domicile: Pennsylvania
2 N. Second St.	Group Code: 271	Company Type: P&C
PO Box 2361		
Harrisburg, PA 17105-2361	Group Name: Penn National Insurance	State ID Number: 03
(717) 234-4941 ext. [Phone]	FEIN Number: 23-0961349	

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## Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

<i>SERFF Tracking Number:</i>	<i>PNMC-125770196</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>KAY-08-023FO</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Prop 2008FoDelay</i>		
<i>Project Name/Number:</i>	<i>KAY-08-023FO/KAY-08-023FO</i>		
<b>Per Company:</b>	<b>No</b>		

<i>SERFF Tracking Number:</i>	<i>PNMC-125770196</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pennsylvania National Mutual Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i># \$0</i>
<i>Company Tracking Number:</i>	<i>KAY-08-023FO</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Prop 2008FoDelay</i>		
<i>Project Name/Number:</i>	<i>KAY-08-023FO/KAY-08-023FO</i>		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pennsylvania National Mutual Casualty Insurance Company	\$0.00	08/12/2008	

SERFF Tracking Number:	PNMC-125770196	State:	Arkansas
Filing Company:	Pennsylvania National Mutual Casualty Insurance Company	State Tracking Number:	# \$0
Company Tracking Number:	KAY-08-023FO		
TOI:	01.0 Property	Sub-TOI:	01.0001 Commercial Property (Fire and Allied Lines)
Product Name:	Prop 2008FoDelay		
Project Name/Number:	KAY-08-023FO/KAY-08-023FO		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/12/2008	08/12/2008

<i>SERFF Tracking Number:</i>	<i>PNMC-125770196</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pennsylvania National Mutual Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i># \$0</i>
<i>Company Tracking Number:</i>	<i>KAY-08-023FO</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Prop 2008FoDelay</i>		
<i>Project Name/Number:</i>	<i>KAY-08-023FO/KAY-08-023FO</i>		

## Disposition

Disposition Date: 08/12/2008

Effective Date (New): 11/01/2008

Effective Date (Renewal):

Status: Approved

Comment: Company is postponing for an indefinite period the adoption of the referenced revision filed by the Insurance Services Office to be applicable to all policies effective on and after November 1, 2008. Reference: CF-2007-OFR07

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>PNMC-125770196</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pennsylvania National Mutual Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i># \$0</i>
<i>Company Tracking Number:</i>	<i>KAY-08-023FO</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Prop 2008FoDelay</i>		
<i>Project Name/Number:</i>	<i>KAY-08-023FO/KAY-08-023FO</i>		

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Accepted for Informational Purposes	Yes

<i>SERFF Tracking Number:</i>	<i>PNMC-125770196</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>KAY-08-023FO</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Prop 2008FoDelay</i>		
<i>Project Name/Number:</i>	<i>KAY-08-023FO/KAY-08-023FO</i>		

## Rate Information

Rate data does NOT apply to filing.



<i>SERFF Tracking Number:</i>	<i>PNMC-125770196</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pennsylvania National Mutual Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i># \$0</i>
<i>Company Tracking Number:</i>	<i>KAY-08-023FO</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Prop 2008FoDelay</i>		
<i>Project Name/Number:</i>	<i>KAY-08-023FO/KAY-08-023FO</i>		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Accepted for Informational Purposes	08/12/2008
<b>Comments:</b>				
<b>Attachment:</b>				
ARtrans81208.pdf				

## Property &amp; Casualty Transmittal Document

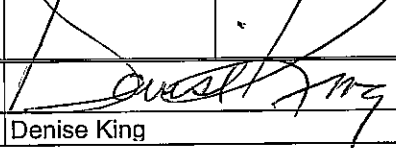
Reset Form

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	<input type="checkbox"/> New Business <input type="checkbox"/> Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>					<b>Group NAIC #</b>
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>	
Pennsylvania National Mut Cas Ins Co	PA	14990	23-096-1349		

<b>5. Company Tracking Number</b>	KAY-08--023FO
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Denise King, Penn National Insurance, PO Box 2361, Harrisburg, PA 17105	Sr. Comm. Und. Tech.	800-388-4764 Ext: 2373	717-255-6327	dlking@pnat.com
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>		Denise King		

## Filing information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	01.0 Property
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	01.0001 Commercial Property (Fire and Allied Lines)
<b>11. State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing title)</b>	
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: Indefinite Delay   Renewal: Indefinite Delay
<b>15. Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	ISO
<b>17. Reference Organization # &amp; Title</b>	Comm Prop Coverage Part Multistate Forms Rev CF-2007-OFR07
<b>18. Company's Date of Filing</b>	8/12/08
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	KAY-08-023FO
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Commercial Property Coverage Part Multistate Revision of Forms to be Implemented in Arkansas

**PURPOSE:**

Our Company is postponing for an indefinite period the adoption of the above referenced revision filed by the Insurance Services Office to be applicable to all policies effective on and after November 1, 2008.

Our purpose in delaying the implementation of this revision is to provide us with the opportunity to further assess our position in this matter.

**PROPOSAL:**

As soon as we have completed our market analysis, we will contact your Department and will make whatever filing is necessary to implement our Company's procedure.

Your prompt and favorable approval is appreciated.

[View Complete Filing Description](#)

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #:   
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

(This form must be provided **ONLY** when making a filing that includes forms)  
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>		KAY-08-023FO		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Commercial Property Coverage Part Multistate Revision of Forms		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase      ☐ Rate Decrease      ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)						
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only						
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
7.	Effective Date of last rate revision	
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	